



**CITY AND BOROUGH OF SITKA**  
PLANNING AND COMMUNITY DEVELOPMENT DEPARTMENT  
SUPPLEMENTAL APPLICATION FORM  
CONDITIONAL USE PERMIT

**APPLICATION FOR**

- ☐ MARIJUANA ENTERPRISE  
☒ SHORT-TERM RENTAL OR BED AND BREAKFAST  
☐ OTHER: \_\_\_\_\_

**CRITERIA TO DETERMINE IMPACT – SGC 22.24.010(E)** (Please address each item in regard to your proposal)

- Amount of vehicular traffic to be generated and impacts of the traffic on nearby land uses:  
typical Residential traffic
- Amount of noise to be generated and its impacts on surrounding land use: I Anticipate  
Average Normal Residential noise.
- Odors to be generated by the use and their impacts: I Anticipate Normal average  
odors as its a residential Dwelling.
- Hours of operation: Average activity from residential  
Dwelling.
- Location along a major or collector street: Average house in neighborhood  
Drive way off KATHIAN main road.
- Potential for users or clients to access the site through residential areas or substandard street creating a cut through traffic scenario: Well Defined sidewalks, roads & paths  
to & from store to town & groceries.
- Effects on vehicular and pedestrian safety: No change in use from  
Residential to Renters use.

KEIL

Last Name

Date Submitted

468 Kathian St

Project Address

- Ability of the police, fire, and EMS personnel to respond to emergency calls on the site: Same as  
EASY ACCESS, House Address # Visible.
- Logic of the internal traffic layout: Drive way & Property clearly  
marked.
- Effects of signage on nearby uses: Minimal to none.
- Presence of existing or proposed buffers on the site or immediately adjacent the site: Matured  
Shrubs Present.
- Relationship if the proposed conditional use is in a specific location to the goals, policies, and objectives of the comprehensive plan (CITE SPECIFIC SECTION AND EXPLAIN): ED 6.5  
Support growth of Sitka Independent, Cruise - related  
& heritage tourism.
- Other criteria that surface through public comments or planning commission review (odor, security, safety, waste management, etc.): \_\_\_\_\_



**REQUIRED FINDINGS (SGC 22.30.160(C):**

1. ...The granting of the proposed conditional use permit will not:

- a. Be detrimental to the public health, safety, and general welfare because The rental will be similar to residential surroundings.;
- b. Adversely affect the established character of the surrounding vicinity, because would affect the surrounding neighborhood, because it look like; nor abus
- c. Be injurious to the uses, property, or improvements adjacent to, and in the vicinity of, the site upon which the proposed use is to be located, because, Because Rental will be Professionally managed.;

2. The granting of the proposed conditional use permit is consistent and compatible with the intent of the goals, objectives, and policies of the comprehensive plan and any implementing regulation, specifically,

conforms to Comprehensive Plan Section ED 6.5 which states Support growth of Sitka's independent, cruise-related heritage tourism  
because the proposal providing housing to visitors;

3. All conditions necessary to lessen any impacts of the proposed use are conditions that can be monitored and enforced, because property will be professionally managed.

**ANY ADDITIONAL COMMENTS** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Applicant \_\_\_\_\_

Date \_\_\_\_\_

Last Name

Date Submitted

Project Address



# CITY AND BOROUGH OF SITKA

## PLANNING AND COMMUNITY DEVELOPMENT DEPARTMENT

### GENERAL APPLICATION FORM

- Applications must be deemed complete at least TWENTY-ONE (21) days in advance of next meeting date.
- Review guidelines and procedural information.
- Fill form out completely. No request will be considered without a completed form.
- Submit all supporting documents and proof of payment.

**APPLICATION FOR:**☐

VARIANCE

☒

CONDITIONAL USE

☐

ZONING AMENDMENT

☐

PLAT/SUBDIVISION

**BRIEF DESCRIPTION OF REQUEST:** Seeking approval to turn my small 2 bedroom 1.5 bath house into a short term summer rental.

**PROPERTY INFORMATION:**

CURRENT ZONING: residential PROPOSED ZONING (if applicable):

CURRENT LAND USE(S): PROPOSED LAND USES (if changing):

**APPLICANT INFORMATION:**

PROPERTY OWNER: Judith L. Howard

PROPERTY OWNER ADDRESS: 468 Katlian Street Sitka, AK 99835

STREET ADDRESS OF PROPERTY: 468 Katlian Street Sitka, AK 99835

APPLICANT'S NAME: Judith L. Kell

MAILING ADDRESS: 468 Katlian Street Sitka, AK 99835

EMAIL ADDRESS: Judithbiha@yahoo.com DAYTIME PHONE: 907-738-4089

**PROPERTY LEGAL DESCRIPTION:**

TAX ID: 16640105 LOT: BLOCK: TRACT:

SUBDIVISION: BHA2 US SURVEY: USS 2542

Last Name

Date Submitted

Project Address



## REQUIRED INFORMATION:

### For All Applications:

- ☒ Completed General Application form
- ☐ Supplemental Application (Variance, CUP, Plat, Zoning Amendment)
- ☐ Site Plan showing all existing and proposed structures with dimensions and location of utilities
- ☒ Floor Plan for all structures and showing use of those structures
- ☒ Copy of Deed (find in purchase documents or at Alaska Recorder's Office website)
- ☐ Copy of current plat (find in purchase documents or at Alaska Recorder's Office website)
- ☐ Site photos showing all angles of structures, property lines, street access, and parking – emailed to [planning@cityofsitka.org](mailto:planning@cityofsitka.org) or printed in color on 8.5" x 11" paper
- ☐ Proof of filing fee payment

### For Marijuana Enterprise Conditional Use Permits Only:

- ☐ AMCO Application

### For Short-Term Rentals and B&Bs:

- ☒ Renter Informational Handout (directions to rental, garbage instructions, etc.)

## CERTIFICATION:

I hereby certify that I am the owner of the property described above and that I desire a planning action in conformance with Sitka General Code and hereby state that all of the above statements are true. I certify that this application meets SCG requirements to the best of my knowledge, belief, and professional ability. I acknowledge that payment of the review fee is non-refundable, is to cover costs associated with the processing of this application, and does not ensure approval of the request. I understand that public notice will be mailed to neighboring property owners and published in the Daily Sitka Sentinel. I understand that attendance at the Planning Commission meeting is required for the application to be considered for approval. I further authorize municipal staff to access the property to conduct site visits as necessary. I authorize the applicant listed on this application to conduct business on my behalf.

**Judith L. Kell**

Owner

Date

Owner

Date

I certify that I desire a planning action in conformance with Sitka General Code and hereby state that all of the above statements are true. I certify that this application meets SCG requirements to the best of my knowledge, belief, and professional ability. I acknowledge that payment of the review fee is non-refundable, is to cover costs associated with the processing of this application, and does not ensure approval of the request.

Applicant (If different than owner)

Date

Last Name

Date Submitted

Project Address